MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002567
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 17

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

FILED FEB 6 1963

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wyatt
Length of stay in 1b: 3 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wyatt
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Wyatt
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Wyatt, Mo.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Isaac Middle: William Last: Baugh
4. DATE OF DEATH: Month Day Year: 1/28/63

5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/26/1889
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Mississippi Co. Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Issac Arthur Baugh
13b. MOTHER'S MAIDEN NAME: Lucy Jane Turner
14. NAME OF HUSBAND OR WIFE: Hazel Baugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): No
16. SOCIAL SECURITY NO.: 53
17. INFORMANT Address: Hazel Baugh, Wyatt, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atrial Fibrillation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ac. Coronary Thrmt
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1/25/63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 6 1962 to 1/28/63 and last saw ~~her~~ him alive on 1/25/63
Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Charles Kolwing MD
22b. ADDRESS: Charleston Mo
22c. DATE SIGNED: 1/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/30/63
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR ADDRESS: The Nunnelee Funeral Chapel Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 2-4-63
26. REGISTRAR'S SIGNATURE: Dorothy B. Hackhorn

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1963

Permit received
12-30-62
0 0
DA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John T. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.